Utah Department of Public Safety
Division of Emergency Services and Homeland Security
COURSE REGISTRATION FORM

Community Emergency Response Team Train-the-Trainer – April 5-6, 2004
Location: SALT LAKE CITY, UT

1. PRINT NAME: (To appear on your certificate of completion):	2. Please Select One: Mr. [ ] Mrs. [ ] Ms. [ ] Miss [ ] Rank (Dr., Lt., Sgt., Chief, etc.):	3. Social Security Number: (must provide if first time participant)
4. Home Address (Number, Street, City/Town, State, Zip Code):	5. Home Telephone Number:	6. Work Telephone Number:
7. Name and Complete Address of Organization Being Represented:	8. Current Emergency Management Position:	9. Contact Fax Number:
10. Year of last basic CERT course taken:		
11. Related Teaching Experience/Training:		
12. Related Fire Safety Experience/Training:		
13. Related Medical Experience/Training:		

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14. Related Search and Rescue Experience/Training:
15. Other Related Experience/Training:
16. Please Note Any Special Needs or Requests: (Vegetarian, Medical Conditions, etc.):
16a. I Am Attending the Course / Conference, But I Will Not Need A Room: [   ]   **16b. IF APPLICABLE:**   **I live over 50 Miles from the course /conference site. Please provide me with a room: [   ] Smoking   [   ] Non-smoking   For the evenings of:**   **[   ] April 4th [   ] April 5th**
17. E-mail address (*Please provide for sending course information faster*):

Mail or Fax Form to: Room 1110 State Office Building, PO Box 141710, Salt Lake City, Utah 84114-1710
Fax Number: (801) 538-3770 Phone Number: (801) 538-3400
Please visit the DES Website Training Schedule for Additional Courses: www.des.utah.gov
PLEASE SUBMIT APPLICATION BY: MARCH 26, 2004

SIGNATURE OF APPLICANT:_____ DATE:_____
By signing above I certify that the information recorded on this application is correct.